

As a named inventor, I hereby appoint the following:


Kathleen M. Williams, Reg. No. 34,380
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the mailing address and telephone number of each of whom is BANNER & WITCOFF, LTD., 28 State Street, 28th Floor, Boston, Massachusetts, 02109, and (617) 345-9100, with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge is true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Iain Clive Andrew Franklin Robinson

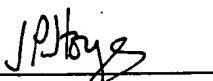
Inventor's signature:  Date 8/02/00

Residence: United Kingdom

Citizenship: UK

Post Office Address: National Institute for Medical Research, The Ridgeway, Mill Hill, London NW7 1AA, UK

Full name of second inventor: Jonathan Paul Stoye


Inventor's signature:  Date 7-Feb-2000

Residence: United Kingdom

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Full name of third inventor: David Flavell

Inventor's signature:  Date 14/2/00

Residence: United Kingdom

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Full name of fourth inventor: Sara Elizabeth Wells

Inventor's signature: Sara Wells Date 9/2/00

Residence: United Kingdom

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Full name of fifth inventor: Paul Le Tissier

Inventor's signature: P. Le Tissier Date 8/2/00

Residence: United Kingdom

Citizenship: UK

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AA, UK



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UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney's Docket No. 3265/85705)

Applicant or
Patentee: Robinson et al.
Serial or
Patent No. Not Yet Assigned Filed or
Issued: Herewith

Title: OBESITY GENE

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 C.F.R. § 1.9(f) and § 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION Medical Research Council

ADDRESS OF ORGANIZATION 20 Park Crescent, London, W1N 4AL, UNITED KINGDOM

TYPE OF ORGANIZATION:

- ☐ University or other institution of higher education
☐ Tax exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
☐ Nonprofit scientific or educational under statute of state of the United States of America
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if located in the United States of America
☒ Would qualify as a Nonprofit Scientific or Educational Institution under the laws of a State of the United States, if located in the United States

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees under § 41(a) and (b) of Title 35, United States Code, with regard to the invention entitled OBESITY GENE by inventors: Iain Clive Andrew Franklin Robinson, Jonathan Paul Stoye, David Flavell, Sara Elizabeth Wells and Paul Le Tissier described in

- ☒ the specification filed herewith
☐ Application Serial No. _____, filed .
☐ Patent No. _____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the above identified nonprofit organization are not exclusive, each individual concern or organization having rights in the invention must file separate verified statements averring to their small entity status and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR § 1.9(c) if that person made the invention, or by any concern which would not qualify, as a small business concern under 37 CFR § 1.9(d) or a nonprofit organization under 37 CFR § 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

_____ No such person, concern or organization exists.

_____ Each such person, concern or organization is listed below.

FULL NAME _____

ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____

ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing therein, or any patent to which this verified statement is directed.

Martin Wood

NAME OF PERSON SIGNING

Deputy Director

TITLE IN ORGANIZATION

Martin R. Wood Ph.D.
Deputy Director, Technology Transfer Group

20 Park Crescent, London W1N 4AL, UNITED KINGDOM

ADDRESS

M. R. Wood
Signature

15 February 2000
Date